

Global Ebola Response Coalition
11 September 2015
Issues Discussed and Next Steps

The forty-fourth meeting of the Global Ebola Response Coalition Core Group took place on 11 September. The main points covered in the meeting follow.

Status of the outbreak

1. Participants discussed the status of the outbreak. There were two people newly diagnosed with Ebola in week 36 (ending on 6 September), with one in Conakry, Guinea and one in Kambia, Sierra Leone.
2. In Guinea, there have been no reports of people diagnosed with Ebola in the last nine days. This is the longest such period for Guinea since February 2014. In Sierra Leone, there have been four people diagnosed with Ebola in the current week. Although the number of people diagnosed with Ebola in recent weeks has been low, there continue to be risks of further flare-ups.
3. While transmission continues in both Guinea and Sierra Leone, there are no new transmission chains. From the last five people diagnosed with Ebola in both countries, four people have become infected as the result of the re-introduction of the virus from a survivor. The mode of these types of transmission is unclear. While the risk of re-emergence of the virus is real, it declines over time.

Progress of the response

4. Phase 3 of the response strategy will focus on ending transmission chains (getting to zero) and managing residual risks (staying at zero). This will involve optimizing surveillance, ensuring rapid response and providing appropriate care, counselling and screening to survivors. The operational plans for implementing the Phase 3 strategy are being developed in country and will be finalized shortly. Thereafter, the Overview of Needs and Requirements will be revised to reflect the resources required to carry out the Phase 3 strategy through March 2016.
5. Beginning on 21 September, a delegation composed of national and international partners will travel from Guinea to Sierra Leone, going to Pamelap, Kambia and Freetown. The delegation will discuss cross-border cooperation, vaccination, movement restriction measures ("cerclage" vs. quarantines), and survivors.
6. WHO provided a **summary of its interim guidance on Ebola virus disease in pregnancy**, which was recently issued following consultation with ministries of health, partners and infection prevention and control (IPC) experts. The guidance addresses the application of IPC precautions, screening and triage in the management of pregnancies

and childbirth. It describes the use of clinical and epidemiological history and screening to identify pregnant women who are at increased risk for onward transmission of the Ebola virus during childbirth care. The guidance advises on the appropriate application of IPC precautions (including the necessary levels of personal protective equipment) based on the category of risk and on the management of newborns. WHO emphasized that a woman who has recovered from Ebola and subsequently becomes pregnant is not at increased risk of transmitting the Ebola virus. It is important that women are able to access the full range of obstetric care if they are not at increased risk for transmission.

7. There is a brief section in the WHO guidance describing **IPC precautions for lactating women**. While the science is not clear, the experience on the ground is showing that breast milk can remain positive for Ebola for some time, even after it has been cleared from the mother's blood. Women should not be kept in an Ebola Treatment Unit because their milk is testing positive for Ebola – this is a risk that can be managed.

8. OCHA expressed concern that in Liberia, only two of 15 counties reported suspect cases. Vigilance means maintaining surveillance capacity and checking for suspect cases.

9. UNICEF stated during a regular meeting between its Supply Division and the vaccine industry, the Ebola vaccine will be discussed. This meeting is scheduled for the end of October.

10. Save the Children requested information about the possibility of the persistence of the Ebola virus in joint fluid.

Recovery initiatives

11. The Sierra Leone Ministry of Health and Sanitation reported on the **situation of Ebola survivors**. There are presently 4,047 survivors identified and registered in Sierra Leone, the highest number of the three affected countries. Survivors are experiencing medical, social and psycho-social challenges. If not urgently addressed, the medical conditions of the survivors (which include body and joint pain and eye problems) can lead to permanent or partial disability. A technical working group comprising the Ministry of Health and Sanitation, Ministry of Social Welfare and partners have come up with a comprehensive care package to address the medical and social needs of survivors. The medical needs of the survivors have been included in the government's six to nine month recovery priorities and financial resources are needed promptly. Participants emphasized the urgency of ensuring access to basic health care services and specialized eye care to prevent blindness, and providing psycho-social support to survivors who have suffered trauma from the deaths of family members and are now experiencing stigmatization. Having sufficient resources to undertake a needs assessment was also highlighted.

12. UNFPA and the Ministers for Youth Affairs from Guinea, Liberia and Sierra Leone are meeting in Conakry for a **youth empowerment partnership event**. They noted that youth in the affected countries and the African continent face a broad range of challenges, relating not only to Ebola but also to economic development and security issues. Youth need to be listened to, and be given opportunities and hope. The protection and empowerment of youth must be prioritized.

Summary

13. In summary, the following issues were highlighted:

- The outbreak and the response are moving in the right direction. The number of people diagnosed with Ebola remains relatively low and there are no new transmission chains being reported.
- Human-to-human transmission seems to be slowing. With respect to the last five people diagnosed with Ebola, it is likely that there has been re-introduction of the virus from an Ebola survivor. More research is needed on the modes of transmission in these cases.
- The Phase 3 strategy has two parts - ending transmission chains (getting to zero) and managing residual risks (staying at zero)
- A delegation will be travelling from Guinea to Sierra Leone to compare the experiences of “cerclage” and quarantines, to examine the administration of the vaccine trials, and to discuss cross-border measures and survivor issues.
- Participants emphasized the continuing need for vigilance and expressed concern about the low rates of reporting suspect cases in Liberia.
- The WHO interim guidance on Ebola virus disease in pregnancy has been issued and will be circulated to GERC participants. A woman who has recovered from Ebola and subsequently becomes pregnant is not at increased risk of transmitting the Ebola virus. Studies to examine the presence of the Ebola virus in breast milk are continuing and the WHO guidance contains a link to advice on infant feeding in the context of Ebola.
- The Sierra Leone Ministry of Health and Sanitation discussed comprehensive care packages for survivors to address their healthcare, social and livelihood needs. The costs associated with these care packages were highlighted and the need to prioritize access to basic healthcare services and specialized eye care was emphasized.
- UNFPA and the Ministers of Youth in Guinea, Liberia and Sierra Leone are meeting in Conakry to discuss initiatives for youth empowerment. They underscored the importance of providing hope and opportunities to youth.
- UNICEF is looking at options for increasing access to vaccines.